

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-012378

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 316Primary Registration District No. 3061Registrar's No. 124

STATE FILE NUMBER

FILED MAR 27 1962

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>St. Francois</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Flat River</u>		c. CITY OR TOWN <u>Flat River</u>	
c. FULL NAME OF (If NOT in hospital, give location) <u>400 Reuter St.</u>		d. STREET ADDRESS (If outside, give location) <u>300 Reuter</u>	
3. NAME OF DECEASED (Type or print) <u>John William Thomas Cooper</u>		4. DATE OF DEATH Month <u>3</u> Day <u>21</u> Year <u>1962</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>11/17/86</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired miner</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>mining</u>	11. BIRTHPLACE (City and state or country) <u>Minie la Motte, Mo.</u>
13a. FATHER'S NAME <u>Thomas Eli Cooper</u>		13b. MOTHER'S MAIDEN NAME <u>Addie (Allen) Cooper</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		17. INFORMANT <u>wife: Addie (Allen) Cooper; Flat River, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Thrombosis</u> DUE TO (b) <u>arterio-sclerosis coronary arteries</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____		INTERVAL BETWEEN ONSET AND DEATH <u>10 min</u>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	
20f. CITY, TOWN, OR LOCATION _____		COUNTY _____ STATE _____	
21. I attended the deceased from <u>9-21-62</u> to <u>3-21-62</u> and last saw him alive on <u>3-14-62</u> Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>W. O. Gumble</u> (Degree of title) _____		22b. ADDRESS <u>Flat River, Mo.</u>	
22c. DATE SIGNED <u>3-23-62</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		23b. DATE <u>3/23/62</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Copenhagen Cemetery</u>		23d. LOCATION (city, town, or county) <u>Farmington</u> (State) <u>Mo.</u>	
24. FUNERAL DIRECTOR <u>Alvin W. Hood; Flat River, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>Mar. 23, 1962</u>	
26. REGISTRAR'S SIGNATURE <u>Esther Randall</u>			

USE BLACK INK  
OR  
TYPEWRITER RIBBON

MAR 29 1962

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Elvin W. Hood

Licensed Embalmer No. 2780

P. O. Address Star River, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.